

**BETH C. DRAIN, CA CSR NO. 7152**

BEFORE THE  
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE  
TO THE  
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE  
ORGANIZED PURSUANT TO THE  
CALIFORNIA STEM CELL RESEARCH AND CURES ACT  
REGULAR MEETING

LOCATION: AS INDICATED ON THE AGENDA

DATE: MARCH 27, 2020  
1 P.M.

REPORTER: BETH C. DRAIN, CA CSR  
CSR. NO. 7152

FILE NO.: 2020-06

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FRIDAY, MARCH 27, 2020; 1 P.M.

CHAIRMAN THOMAS: HOW ABOUT IF I CALL THE MEETING TO ORDER FIRST.

MS. BONNEVILLE: I THINK THAT'S A GREAT IDEA.

CHAIRMAN THOMAS: CALLING THE EMERGENCY MEETING OF THE ICOC FOR MARCH 27TH TO ORDER. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: LINDA BOXER. KEN BURTIS.

DR. BURTIS: HERE.

MS. BONNEVILLE: DEBORAH DEAS.

DR. DEAS: HERE.

MS. BONNEVILLE: ANNE-MARIE DULIEGE. ISABEL DURON. JUDY GASSON.

DR. GASSON: HERE.

MS. BONNEVILLE: DAVID HIGGINS. STEPHEN JUELSGAARD.

MR. JUELSGAARD: HERE.

MS. BONNEVILLE: LINDA MALKAS.

DR. MALKAS: HERE.

MS. BONNEVILLE: DAVE MARTIN.

DR. MARTIN: HERE.

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1 MS. BONNEVILLE: SHLOMO MELMED. LAUREN  
2 MILLER. ADRIANA PADILLA. JOE PANETTA.  
3 MR. PANETTA: HERE.  
4 MS. BONNEVILLE: FRANCISCO PRIETO.  
5 DR. PRIETO: HERE.  
6 MS. BONNEVILLE: ROBERT QUINT.  
7 DR. QUINT: PRESENT.  
8 MS. BONNEVILLE: AL ROWLETT. SUZANNE  
9 SANDMEYER.  
10 DR. SANDMEYER: HERE.  
11 MS. BONNEVILLE: JEFF SHEEHY.  
12 MR. SHEEHY: HERE.  
13 MS. BONNEVILLE: OSWALD STEWARD.  
14 DR. STEWARD: HERE.  
15 MS. BONNEVILLE: JONATHAN THOMAS.  
16 CHAIRMAN THOMAS: HERE.  
17 MS. BONNEVILLE: ART TORRES. KRISTINA  
18 VUORI.  
19 DR. VUORI: HERE.  
20 MS. BONNEVILLE: DIANE WINOKUR.  
21 MS. WINOKUR: HERE.  
22 MS. BONNEVILLE: KEITH YAMAMOTO.  
23 DR. YAMAMOTO: HERE.  
24 MS. BONNEVILLE: DOUG ZIEDONIS.  
25 DR. ZIEDONIS: HERE.

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1 MS. BONNEVILLE: I HAVE 19. WE HAVE A  
2 QUORUM.

3 CHAIRMAN THOMAS: THANK YOU, MARIA. DO  
4 YOU HAVE A FEW WORDS LOGISTICALLY FOR THE BOARD  
5 BEFORE WE START HERE?

6 MS. BONNEVILLE: I DO. BOARD MEMBERS,  
7 SINCE WE ARE ALL JOINING FROM REMOTE LOCATIONS AND  
8 ON THE PHONE, I'D LIKE TO SUGGEST A PROCESS FOR  
9 ASKING QUESTIONS. I'D LIKE TO ASK THAT WE HOLD  
10 COMMENTS UNTIL AFTER DR. SAMBRANO'S PRESENTATION.  
11 AT THAT POINT, J.T. WILL ASK IF MEMBERS HAVE ANY  
12 QUESTIONS. PLEASE SAY YOUR NAME, WE'LL WRITE IT  
13 DOWN, AND THEN GO THROUGH THE LIST ACCORDINGLY.  
14 THANK YOU IN ADVANCE FOR BEING PATIENT WITH US  
15 TODAY. THESE ARE EXTRAORDINARY CIRCUMSTANCES, AND  
16 WE'LL NEED ALL OF YOU TO STAY ON THIS CALL FOR THE  
17 DURATION OF THE MEETING EVEN IF IT GOES OVER THE  
18 TIME ALLOTMENT. IF YOU CAN'T STAY ON PAST 1 P.M.,  
19 PLEASE LET ME KNOW.

20 THE PUBLIC COMMENTS, MEMBERS OF THE PUBLIC  
21 WHO ARE LISTENING TO THE MEETING AND WISH TO MAKE A  
22 COMMENT WILL HAVE THE OPPORTUNITY TO DO SO BY DOING  
23 THE FOLLOWING. ONCE WE'VE CALLED FOR PUBLIC  
24 COMMENT, MEMBERS OF THE PUBLIC WILL BE ABLE TO DO SO  
25 BY PRESSING STAR ONE, WHICH WILL PLACE YOU IN A

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1 QUEUE TO MAKE YOUR COMMENTS. ONCE WE CALL YOUR  
2 NAME, YOU WILL HAVE THREE MINUTES TO MAKE YOUR  
3 PUBLIC COMMENT. PLEASE REMEMBER TO BE RESPECTFUL OF  
4 THE TIME LIMIT, AND WE WILL ALERT YOU WHEN THAT  
5 THREE MINUTES HAS PASSED.

6 WRITTEN COMMENTS MAY BE SENT TO KEVIN  
7 MCCORMACK AT KMCCORMACK@CIRM.CA.GOV.

8 CHAIRMAN THOMAS: THANKS VERY MUCH, MARIA.  
9 AND THANK YOU FOR EVERYBODY WHO MADE THIS CALL  
10 POSSIBLE IN-HOUSE AT CIRM. THE LOGISTICS OF THIS  
11 ARE CHALLENGING. WE'VE OBVIOUSLY NEVER DONE A FULL  
12 BOARD MEETING LIKE THIS, AND WE REALLY CAN'T THANK  
13 YOU ENOUGH FOR ALL YOU'VE DONE.

14 LET'S MOVE ON TO THE ACTION ITEMS. NO. 4,  
15 I GUESS OUR FIRST ONE, IS CONSIDERATION OF EXISTENCE  
16 OF EMERGENCY SITUATION. EMERGENCY SITUATION MEANS  
17 ANY OF THE FOLLOWING AS DETERMINED BY A MAJORITY OF  
18 THE MEMBERS OF THE ICOC. A) WORK STOPPAGE OR OTHER  
19 ACTIVITY THAT SEVERELY IMPAIRS PUBLIC HEALTH OR  
20 SAFETY OR BOTH; B) CRIPPLING DISASTER THAT SEVERELY  
21 IMPAIRS PUBLIC HEALTH OR SAFETY OR BOTH.

22 THIS ITEM ON THE AGENDA IS IN CONNECTION  
23 WITH THE SHORTENED NOTICE PERIOD THAT WE HAD FOR  
24 THIS EMERGENCY MEETING. A FEW COMMENTS BEFORE WE  
25 GET TO THE VOTE OR DISCUSSION ON THIS. OBVIOUSLY

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1 THE WORLD IS IN THE MIDDLE OF FACING AN  
2 UNPRECEDENTED MEDICAL CRISIS OF THE KIND THAT NONE  
3 OF US HAVE EVER SEEN IN OUR LIFETIMES. ALL OF US  
4 HAVE BEEN ON NUMEROUS CALLS WITH FRIENDS, WITH  
5 MEDICAL PROFESSIONALS, WITH RESEARCH PARTIES ALL  
6 OVER THE COUNTRY AND THE WORLD GAUGING THE MAGNITUDE  
7 OF THE SITUATION WHICH BY ANY STRETCH IS AN  
8 EMERGENCY AND A TRUE WORLDWIDE CRISIS. THAT HAS  
9 PROMPTED, AS WE ALL KNOW, EXTRAORDINARY RESPONSE ON  
10 THE PART OF LITERALLY THE ENTIRE WORLD LOOKING TO  
11 DEVELOP POTENTIAL THERAPIES, DIAGNOSTICS, OR  
12 VACCINES TO COMBAT THE VIRUS.

13 JUST THIS MORNING THERE WAS AN ARTICLE I  
14 READ THAT SPOKE TO THE FACT THAT THE PRINCIPAL  
15 MEDICAL RESEARCH BODY IN ENGLAND IS LITERALLY  
16 SHUTTING DOWN PROJECTS OVER THERE AND REDIRECTING  
17 EVERYBODY TO HAVE ALL HANDS ON DECK TO DO RESEARCH  
18 TO TRY TO FIGURE OUT THE SOLUTION TO THIS PROBLEM.

19 LAST WEEKEND I AND MARIA MILLAN SEPARATELY  
20 STARTED HEARING ABOUT POTENTIAL PROJECTS IN THE  
21 STATE IN OUR ARENA THAT COULD BE TARGETING COVID-19.  
22 AND THAT LED TO SHE AND I DISCUSSING ON SATURDAY A  
23 PLAN OF ACTION WHICH WE WOULD IDEALLY TAKE, WHICH IS  
24 TOUGH GIVEN OUR CURRENT FUNDING RESTRAINTS, BUT THAT  
25 SET OFF A COUPLE OF DAYS OF DISCUSSION WITH MEMBERS

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1 OF THE BOARD AND WITH NUMEROUS MEETINGS AND CALLS OF  
2 THE LEADERSHIP TEAM TO TRY TO FIGURE OUT HOW WE  
3 MIGHT PROCEED HERE IN DEVELOPING A PLAN TO DO OUR  
4 PART TO TRY TO COMBAT THIS VIRUS.

5 THAT LED TO LOTS OF FRENZIED ACTIVITY  
6 THROUGHOUT THE COURSE OF THE WEEK. AND I WANT TO  
7 REPORT TO EVERYBODY THAT THE CIRM TEAM, WHICH IS  
8 ALWAYS UTMOST PROFESSIONAL IN THE WAY IT CONDUCTS  
9 ITSELF, OUTDID ITSELF THIS WEEK IN PUTTING TOGETHER  
10 A PROGRAM THAT LEADS TO TODAY'S DISCUSSION AND A  
11 CONCEPT FOR HOW WE MIGHT PROCEED TO FUND CERTAIN  
12 PROJECTS IN THE REGENERATIVE MEDICINE SPACE THAT  
13 COULD POTENTIALLY BE APPLICABLE TO COVID-19. IT WAS  
14 A TRULY IMPRESSIVE TEAM EFFORT, AND I WANT, BEFORE  
15 WE EVEN GET INTO THE AGENDA, TO CONGRATULATE  
16 EVERYBODY ON A REMARKABLE JOB TOTALLY RISING TO THE  
17 OCCASION IN ALL RESPECTS.

18 SO THIS FIRST ITEM, AGAIN, DEALS WITH  
19 DECLARATION OF EMERGENCY. AND I WOULD ENTERTAIN A  
20 MOTION AT THIS POINT FOR APPROVAL ON THIS ITEM.

21 DR. BLUMENTHAL: SO MOVED.

22 MR. ROWLETT: SECOND.

23 MS. BONNEVILLE: BLUMENTHAL AND ROWLETT.

24 THANK YOU.

25 CHAIRMAN THOMAS: IS THERE DISCUSSION BY

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1 MEMBERS OF THE BOARD ON THIS ITEM?

2 MR. ROWLETT: I'D LIKE TO MAKE A FEW  
3 COMMENTS.

4 CHAIRMAN THOMAS: PLEASE, AL.

5 MR. ROWLETT: AS A PATIENT ADVOCATE IN THE  
6 AREA OF BEHAVIORAL HEALTH, I HAVE THE UNIQUE  
7 PRIVILEGE AND CHALLENGE OF BEING IDENTIFIED AS AN  
8 ESSENTIAL SERVICE PROVIDER FOR THE MEDI-CAL/MEDICAID  
9 POPULATION. I SEE FIRSTHAND THEIR CONCERNS, FEARS,  
10 AND LACK OF RESOURCE ASSOCIATED WITH FUNDING THIS  
11 CRISIS.

12 I LOOK AT THE PERCENTAGE, THE AMOUNT OF  
13 RESOURCE THAT CIRM IS WANTING TO ALLOCATE, AND I  
14 THINK THAT, GIVEN THAT AND GIVEN THE COMPLEXITY AND  
15 THE ENORMITY OF THE CHALLENGE THAT THE INDIVIDUALS  
16 I'M PRIVILEGED TO ADVOCATE FOR ARE FACING, I  
17 WHOLEHEARTEDLY SUPPORT THIS. WE HAVE INDIVIDUALS  
18 WHO ARE TESTING POSITIVE FOR COVID-19, MANY OF WHOM  
19 HAVE BEEN AT TIMES UNDOMICILED OR CURRENTLY ARE  
20 UNDOMICILED. AGAIN, TO HAVE THAT PLUS THE OTHER  
21 UNIQUE CHALLENGES ASSOCIATED WITH TRYING TO ENGAGE  
22 THEM IN GETTING TREATMENT, IT HAS BEEN THE -- I KEEP  
23 USING THE WORD CHALLENGE -- BUT THE CHALLENGE OF MY  
24 CAREER.

25 SO, AGAIN, I WHOLEHEARTEDLY, ON BEHALF OF

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1 THE COMMUNITY THAT I AM PRIVILEGED TO ADVOCATE FOR,  
2 SUPPORT THIS.

3 CHAIRMAN THOMAS: THANK YOU, AL. OTHER  
4 COMMENTS BY MEMBERS OF THE BOARD ON THIS PARTICULAR  
5 AGENDA ITEM?

6 DR. DULIEGE: INDEED, I WANT TO SECOND  
7 WHAT AL JUST SAID. AND AT SOME POINT NOW OR A  
8 LITTLE BIT LATER ASK WHAT KIND OF TIMELINES WE ARE  
9 TALKING ABOUT GIVEN THE EMERGENCY OF THE CRISIS.

10 CHAIRMAN THOMAS: ANNE-MARIE, WE WILL DEAL  
11 WITH THAT. GIL WILL BE SPEAKING TO THAT IN HIS  
12 PRESENTATION AND WILL ENTERTAIN QUESTIONS AFTER  
13 THAT.

14 DR. MARTIN: THIS IS DAVE. I CALL THE  
15 QUESTION.

16 CHAIRMAN THOMAS: THANK YOU, DAVE. WE DO  
17 NEED A ROLL CALL VOTE ON THIS.

18 MS. BONNEVILLE: WE SURE DO.

19 MR. HARRISON: YOU ALSO NEED TO SEE IF  
20 THERE'S ANY PUBLIC COMMENT AT THIS POINT IN TIME  
21 BEFORE TAKING A ROLL CALL VOTE.

22 CHAIRMAN THOMAS: ANY PUBLIC COMMENT ON  
23 THIS PARTICULAR TOPIC?

24 MS. BONNEVILLE: HOLD ON FOR ONE SECOND.  
25 I'LL FIND OUT FROM THE TEAM IF WE HAVE ANY PUBLIC

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1 COMMENT. HOLD ON FOR ONE SECOND. J.T., JUST ONE  
2 SECOND. WE ARE CONFIRMING THAT THERE'S NO PUBLIC  
3 COMMENT.

4 AT&T STAFF: AGAIN, IF YOU HAVE A COMMENT  
5 OR A QUESTION TO SHARE, PLEASE PRESS ONE, THEN ZERO.  
6 PLEASE PRESS ONE, THEN ZERO ON YOUR TELEPHONE  
7 KEYPAD. KATJA WEINACHT, PLEASE GO AHEAD. YOUR LINE  
8 IS OPEN.

9 DR. WEINACHT: GOOD AFTERNOON. THANK YOU  
10 SO MUCH FOR ALLOWING ME THE OPPORTUNITY TO SPEAK.  
11 MY NAME IS KATJA WEINACHT, AND I'M A STEM CELL  
12 TRANSPLANTER AND PHYSICIAN SCIENTIST WITH STANFORD  
13 MEDICINE.

14 THE COMMENT THAT I'D LIKE TO MAKE IS THAT  
15 I THINK CIRM HAS A SPECIAL AND PARTICULARLY CRITICAL  
16 ROLE IN SUPPORTING COVID-19 RESEARCH BECAUSE THE  
17 PORTFOLIO THAT CIRM WILL BE ABLE TO ATTRACT AND  
18 COVER IS VERY DISTINCT AND UNIQUE FROM OTHER FUNDING  
19 AGENCIES. THERE'S FEDERAL AND PRIVATE RFA'S  
20 TARGETING COVID-19 RESEARCH RIGHT NOW RECEIVE  
21 PROPOSALS FOR ANTIVIRAL DRUGS, VACCINES, AND ACTUAL  
22 HISTORY STUDIES.

23 AND NOW CIRM'S FOCUS ON STEM CELL RESEARCH  
24 IS UNIQUELY POISED IN ATTRACTING PROPOSALS THAT  
25 ADDRESS FUNDAMENTALLY DIFFERENT STRATEGIES IN

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1 COMBATING COVID-19 RESEARCH.

2 I'D LIKE TO GIVE YOU ONE BRIEF EXAMPLE.

3 ONE OF THE MAJOR REASONS WHY THE COMMUNITY BELIEVES  
4 THAT OLDER PEOPLE ARE AT HIGHER RISK FOR BECOMING  
5 CRITICALLY ILL AND NOT SUPPORT THEIR CO-MORBIDITIES  
6 IS THE DECLINING IMMUNE FUNCTION IN THAT THEY ARE NO  
7 LONGER ABLE TO MOUNT EFFECTIVE, ADAPTIVE IMMUNE  
8 RESPONSES TO NEW ANTIGENS. AND NEW ANTIGENS, OF  
9 COURSE, ARE NOVEL AND RAPIDLY CHANGING ANTIGENS THAT  
10 THE IMMUNE SYSTEM HAS NOT ENCOUNTERED BEFORE. AND  
11 THIS APPLIES IN THE ELDERLY, OFTEN REFERRED TO AS  
12 IMMUNOSENESCENCE. THEY SEEM TO DECLINE IN ORGAN  
13 FUNCTION CALLED THE THYMUS. IT IS NO LONGER  
14 STRUCTURALLY PRESENT AT OLD AGE. THUS FAR NOTHING  
15 IS THERE THAT WE CAN DO ABOUT BOOSTING THYMIC  
16 FUNCTIONS.

17 CURRENTLY CIRM IS SUPPORTING RESEARCH TO  
18 REGENERATE THYMIC TISSUES FOR PATIENTS THAT ARE BORN  
19 WITHOUT A THYMUS DUE TO A GENETIC DISEASE CALLED  
20 (22)T(11). THE RESEARCH THAT'S BEING DONE IN MY  
21 LABORATORY, AND THIS RESEARCH PLATFORM COULD, FOR  
22 EXAMPLE, BE ADAPTED AND MODIFIED TO BOOST IMMUNE  
23 FUNCTION IN THE ELDERLY.

24 IT TURNS OUT THERE'S VERY, VERY LITTLE  
25 THYMIC (UNINTELLIGIBLE) FOR BOOSTING IMMUNE

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1 FUNCTION. AND, FOR EXAMPLE, I HAVE CELLS RIGHT NOW  
2 TO GIVE TO MY FATHER WHO IS AT EXTREMELY HIGH RISK.  
3 I'LL STOP. AND I'D DO IT IN A HEARTBEAT.

4 AGAIN, IN SUMMARY, I THINK CIRM IS POISED  
5 TO SUPPORT A VERY UNIQUE PORTFOLIO OF RESEARCH THAT  
6 OTHER AGENCIES DO NOT ADDRESS. THANK YOU SO MUCH.

7 DR. MARTIN: MR. CHAIRMAN, THIS IS DAVE  
8 MARTIN AGAIN. I CALL THE QUESTION. WE HAVE A  
9 MOTION ON THE TABLE TO GO INTO EMERGENCY SESSION.  
10 WE NEED TO VOTE ON THAT ISSUE.

11 CHAIRMAN THOMAS: DAVE, WE ALWAYS HAVE TO  
12 HAVE PUBLIC COMMENT AFTER EVEN CALLING THE QUESTION.  
13 SO ARE THERE ANY OTHER PUBLIC COMMENTS?

14 MS. BONNEVILLE: JUST ONE THING, J.T. I  
15 JUST WANT TO MAKE SURE THOSE THAT HAVE PUBLIC  
16 COMMENT UNDERSTAND THAT RIGHT NOW WE'RE TAKING  
17 PUBLIC COMMENT FOR THE MOTION TO GO INTO EMERGENCY  
18 SESSION, AND THAT WE WILL HAVE PUBLIC COMMENT AGAIN  
19 AFTER THE PRESENTATION IS MADE.

20 CHAIRMAN THOMAS: THAT'S CORRECT. WE HAVE  
21 PUBLIC COMMENT AFTER EACH OF THE ACTION ITEMS ON THE  
22 AGENDA.

23 ARE THERE ANY OTHER PUBLIC COMMENTS ON  
24 THIS ITEM BEFORE WE GET TO THE PRESENTATION?

25 AT&T STAFF: JOHN ZAIA, PLEASE GO AHEAD.

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1 DR. ZAIA: THIS IS JOHN ZAIA FROM CITY OF  
2 HOPE. I JUST HAVE A SHORT MESSAGE. I THINK THERE'S  
3 AN OPPORTUNITY FOR CIRM TO DEMONSTRATE ITS  
4 LEADERSHIP IN THE STATE OF CALIFORNIA ON HOW IT CAN  
5 COME TO A COORDINATING ROLE WITH PUBLIC HEALTH, WITH  
6 EXISTING THERAPEUTIC CENTERS, ESPECIALLY THE ALPHA  
7 STEM CELL CLINICS, AS WELL AS THE RESEARCH  
8 COMMUNITY.

9 THIS IS AN OPPORTUNITY TO COORDINATE THE  
10 VARIOUS AVAILABLE THERAPEUTICS, FOR EXAMPLE,  
11 CONVALESCENT BLOOD, WHICH I DON'T HAVE AN INTEREST,  
12 OR OTHER SMALL MOLECULES. AND THERE ARE SEVERAL  
13 TRIALS THAT ARE AVAILABLE. SO I ENCOURAGE CIRM TO  
14 REALLY COME FORWARD, BRING TOGETHER THE PUBLIC  
15 HEALTH GROUPS, THE VARIOUS CONSORTIUMS THAT HAVE  
16 THESE THERAPEUTICS AND OTHER RESEARCH AGENTS AND  
17 SHOW THAT THIS IS THE WAY THAT STATE AGENCIES CAN  
18 INTERACT WITH THESE GROUPS THROUGH CIRM. SO THERE'S  
19 MY RECOMMENDATION. THANK YOU.

20 CHAIRMAN THOMAS: THANK YOU, JOHN. ANY  
21 OTHER COMMENTS FROM MEMBERS OF THE PUBLIC ON THIS  
22 ITEM?

23 AT&T STAFF: AGAIN FOR PUBLIC COMMENT, WE  
24 INVITE YOU TO PRESS ONE, THEN ZERO ON YOUR TELEPHONE  
25 KEYPAD. PLEASE PRESS ONE, THEN ZERO TO PUT YOUR

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1 NAME IN QUEUE.

2 MS. BONNEVILLE: I DON'T BELIEVE WE HAVE  
3 ANY MORE PUBLIC COMMENT ON THIS ITEM, J.T.

4 AT&T STAFF: WE DO HAVE A COMMENT FROM  
5 ADRIEN SHAPIRO.

6 DR. STEWARD: EXCUSE ME. THIS IS OS. CAN  
7 I JUST REMIND THE PEOPLE WHO WISH TO MAKE PUBLIC  
8 COMMENTS OF WHAT MARIA BONNEVILLE JUST SAID. WE ARE  
9 VOTING HERE ON A MOTION THAT IS A PROCEDURAL MOTION  
10 SO THAT THE ICOC CAN ACTUALLY CONSIDER THE ITEM AT  
11 HAND, WHICH IS THE CONCEPT PROPOSAL. COMMENTS FROM  
12 THE PUBLIC RELATED TO THE CONCEPT PROPOSAL SHOULD  
13 AWAIT THE DISCUSSION OF THAT. THANK YOU.

14 AT&T STAFF: THAT BEING SAID, WE HAVE NO  
15 FURTHER QUESTIONS AT THIS TIME.

16 CHAIRMAN THOMAS: MARIA, WILL YOU PLEASE  
17 CALL THE ROLL.

18 MS. BONNEVILLE: GEORGE BLUMENTHAL.

19 DR. BLUMENTHAL: YES.

20 MS. BONNEVILLE: LINDA BOXER. KEN BURTIS.

21 DR. BURTIS: YES.

22 MS. BONNEVILLE: DEBORAH DEAS.

23 DR. DEAS: YES.

24 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

25 DR. DULIEGE: YES.

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1 MS. BONNEVILLE: ISABEL DURON.  
2 MS. DURON: YES.  
3 MS. BONNEVILLE: JUDY GASSON.  
4 DR. GASSON: YES.  
5 MS. BONNEVILLE: DAVID HIGGINS. STEPHEN  
6 JUELSGAARD.  
7 MR. JUELSGAARD: YES.  
8 MS. BONNEVILLE: LINDA MALKAS.  
9 DR. MALKAS: YES.  
10 MS. BONNEVILLE: DAVE MARTIN.  
11 DR. MARTIN: YES.  
12 MS. BONNEVILLE: ADRIANA PADILLA.  
13 DR. PADILLA: YES.  
14 MS. BONNEVILLE: JOE PANETTA.  
15 MR. PANETTA: YES.  
16 MS. BONNEVILLE: FRANCISCO PRIETO.  
17 DR. PRIETO: AYE.  
18 MS. BONNEVILLE: ROBERT QUINT.  
19 DR. QUINT: YES.  
20 MS. BONNEVILLE: AL ROWLETT.  
21 MR. ROWLETT: YES.  
22 MS. BONNEVILLE: SUZANNE SANDMEYER. JEFF  
23 SHEEHY.  
24 MR. SHEEHY: YES.  
25 MS. BONNEVILLE: OSWALD STEWARD.

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DR. STEWARD: YES.  
MS. BONNEVILLE: JONATHAN THOMAS.  
CHAIRMAN THOMAS: YES.  
MS. BONNEVILLE: KRISTINA VUORI.  
DR. VUORI: YES.  
MS. BONNEVILLE: DIANE WINOKUR.  
MS. WINOKUR: YES.  
MS. BONNEVILLE: KEITH YAMAMOTO.  
DR. YAMAMOTO: YES.  
MS. BONNEVILLE: DOUG ZIEDONIS.  
DR. ZIEDONIS: YES.  
MS. BONNEVILLE: THANK YOU. MOTION

CARRIES.

CHAIRMAN THOMAS: THANK YOU, EVERYBODY.

ON TO ITEM 5, CONSIDERATION OF REALLOCATION OF EXISTING RESEARCH FUNDS AND ALLOCATION OF RECOVERED FUNDS TO ADDRESS COVID-19 USING A MECHANISM COMBINING CIRM'S EXISTING CLIN, TRAN, AND DISC PROGRAM ANNOUNCEMENTS WITH MODIFICATIONS. TURN THIS OVER AT THIS POINT FOR PRESENTATION BY DR. SAMBRANO. EVERYBODY SHOULD HAVE THIS ON THEIR SCREEN ON WEBEX.

DR. SAMBRANO: THANK YOU, DR. THOMAS.

SO GOOD AFTERNOON, MEMBERS OF THE BOARD, CIRM TEAM, AND MEMBERS OF THE PUBLIC. SO I WANT TO PRESENT TO YOU AN OVERVIEW OF OUR PROPOSAL. INDEED,

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1 THERE IS AN URGENT NEED TO TRY TO DEVELOP TREATMENTS  
2 FOR COVID-19. AND SO AT CIRM WE REALLY WANT TO DO  
3 SOMETHING ABOUT THAT.

4 SO OUR PROPOSAL IS TO LAUNCH A  
5 SOLICITATION IN SUPPORT OF PROMISING DISCOVERY,  
6 TRANSLATIONAL, PRECLINICAL, AND CLINICAL TRIAL STAGE  
7 PROJECTS THAT WOULD ADVANCE QUICKLY TO PATIENTS IN  
8 NEED. AND IN ORDER TO MAKE THIS HAPPEN, THERE ARE  
9 THREE ACTIONS THAT WE PROPOSE TO TAKE.

10 THE FIRST IS TO UTILIZE OUR ESTABLISHED  
11 PARTNERING OPPORTUNITY IN DISCOVERY, WHICH IS THE  
12 DISC2 PROGRAM; TRANSLATIONAL, WHICH IS THE TRAN1;  
13 AND OUR CLINICAL PROGRAMS, THE CLIN1 AND CLIN2, IN  
14 ORDER TO FACILITATE THE APPLICATION REVIEW AND  
15 FUNDING PROCESS.

16 THE SECOND ACTION IS TO PROPOSE AN  
17 ALLOCATION OF FIVE MILLION TO SUPPORT THE NEW  
18 PROGRAM.

19 AND THEN, FINALLY, TO CREATE AN EXPEDITED  
20 PROCESS FOR APPLICATION AND REVIEW. AND SO I WILL  
21 TOUCH UPON EACH OF THESE IN THE NEXT SLIDES.

22 SO THE FIRST THING WE WANT TO DO IS OPEN  
23 UP THE EXISTING PROGRAM ANNOUNCEMENTS, BUT WE'RE  
24 GOING TO NEED TO MODIFY THESE SLIGHTLY IN ORDER TO  
25 ALIGN THEM WITH THE COVID-19 PROGRAM AND ALSO WITH

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1 OUR CURRENT FUNDING CAPACITY.

2 SO IN THE TABLE BEFORE YOU, WE OUTLINE THE  
3 AWARD AMOUNT LIMITS AND AWARD DURATION LIMITS THAT  
4 WE ARE PROPOSING FOR EACH OF THE SPECIFIC PROGRAMS.  
5 IN TERMS OF AWARD AMOUNTS, CLINICAL TRIALS WOULD  
6 RECEIVE UP TO 750,000, LATE STAGE PRECLINICAL WOULD  
7 RECEIVE UP TO 400,000, TRANSLATIONAL UP TO 350,000,  
8 AND DISCOVERY UP TO 150,000. AND PLEASE NOTE THAT  
9 THESE ARE TOTAL FUNDS REQUESTED. SO THAT MEANS THAT  
10 THESE AMOUNTS WOULD INCLUDE DIRECT FACILITIES COSTS  
11 AS WELL AS INDIRECT COSTS.

12 THE AWARD DURATION WOULD ALLOW PROJECTS TO  
13 GO FOR 24 MONTHS IF IT'S A CLINICAL TRIAL AND 12  
14 MONTHS FOR ALL OTHER. NOW, I DO WANT TO NOTE HERE  
15 THAT AT THE SIX-MONTH TIME POINT WE ARE EXPECTING A  
16 SIGNIFICANT DELIVERABLE FROM ALL THE PROJECTS. SO  
17 DESPITE THE FACT THAT THEY CAN GO ON FOR A YEAR OR  
18 TWO, WE ARE LOOKING FOR SOMETHING AT THE SIX-MONTH  
19 TIMELINE. AND I WILL SPEAK TO THAT IN A JUST A  
20 MINUTE.

21 SO IN ADDITION TO THE AWARD AMOUNTS AND  
22 AWARD DURATION, THERE ARE ADDITIONAL CHANGES TO THE  
23 REQUIREMENTS WITHIN THESE PROGRAMS THAT WE WOULD  
24 LIKE TO MAKE. SO CLEARLY WE WANT TO FOCUS ONLY ON  
25 PROJECTS THAT ARE PURSUING THE DEVELOPMENT OR

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1 TESTING OF A CANDIDATE FOR COVID-19. WE WANT TO  
2 MAKE SURE THAT THE APPLICANT IS READY TO INITIATE  
3 WORK ON THE FUNDED PROJECT WITHIN 30 DAYS OF  
4 APPROVAL GIVEN THE URGENCY. WE ALSO WANT TO EXPAND  
5 ELIGIBILITY TO SMALL MOLECULES OR BIOLOGICS. AND  
6 NORMALLY SOME OF OUR PROGRAMS ALREADY ALLOW SMALL  
7 MOLECULES OR BIOLOGICS, BUT WE WANT TO NOW ALLOW  
8 THEM FOR ALL PROGRAMS AND ALL CLINICAL TRIAL PHASES  
9 IF THEY MEET THE TYPICAL CRITERIA WHICH IS WRITTEN  
10 HERE, BASICALLY THAT IT ALIGNS WITH A STEM CELL  
11 RELATED TYPE PROJECT.

12 AND THEN THE LAST CHANGE ON THIS SLIDE IS  
13 THAT MANUFACTURING OF A PRODUCT IN ORDER TO SUPPLY A  
14 FOLLOW-ON TRIAL WILL NOT BE ALLOWED. AND SO  
15 TYPICALLY FOR A PHASE 1 CLINICAL AWARD, WE WILL  
16 UNDER CERTAIN CIRCUMSTANCE ALLOW FUNDING TO BE USED  
17 FOR MANUFACTURING A PRODUCT FOR THEN THE PHASE 2.  
18 GIVEN BOTH THE URGENCY AND AMOUNT OF FUNDS WE HAVE,  
19 WE DIDN'T FEEL THAT WAS APPROPRIATE IN THIS  
20 PARTICULAR PROGRAM.

21 SO AS MENTIONED BEFORE, ALL PROJECTS MUST  
22 POSE TO ACHIEVE A CLEAR DELIVERABLE WITHIN A  
23 SIX-MONTH PERIOD OF INITIATING IN ORDER TO  
24 DEMONSTRATE SIGNIFICANT PROGRESS TOWARDS A GOAL.  
25 FOR A CLINICAL TRIAL PROJECT, WHAT THAT MEANS IS

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1 THAT WE ARE LOOKING FOR THE APPLICANTS TO HAVE  
2 INITIATED ENROLLMENT AND COLLECTED DATA WITHIN THAT  
3 TIME PERIOD, FOR LATE STAGE PRECLINICAL PROJECTS TO  
4 HAVE THEIR IND FILED, OR TRANSLATIONAL PROJECTS TO  
5 HAVE HAD A PRE-IND MEETING OR EQUIVALENT INTERACTION  
6 WITH THE FDA, AND FOR DISCOVERY PROJECTS TO HAVE  
7 DATA THAT SHOWS A VIABLE CANDIDATE WITH THE  
8 LIKELIHOOD OF PROGRESSING QUICKLY TO THE CLINIC. SO  
9 THOSE ARE THE SIX-MONTH REQUIREMENTS.

10 IN ADDITION, WE THOUGHT THAT PROPOSALS FOR  
11 CLINICAL TESTING OR DEVELOPMENT OF A DEVICE OR A  
12 TOOL WOULD NOT BE SUPPORTED EXCEPT UNDER THE DISC2  
13 OPPORTUNITY. SO ONLY AT THE VERY BASIC LEVEL.

14 SO I WANT TO NOW JUST DESCRIBE SOME OF THE  
15 CHANGES THEN TO OUR REVIEW PROCESS. SO AS  
16 MENTIONED, OUR PLAN IS TO CREATE AN EXPEDITED REVIEW  
17 SCHEDULE WITH SUBMISSION AND REVIEW HAPPENING  
18 APPROXIMATELY EVERY COUPLE OF WEEKS WITH THE FIRST  
19 APPLICATION DEADLINE STARTING ON APRIL 7TH.

20 PART OF DOING THIS ALSO REQUIRES THAT WE  
21 ASSEMBLE A REVIEW PANEL THAT IS CAPABLE OF  
22 EVALUATING ALL THE APPLICATIONS THAT WE GET FROM  
23 DISCOVERY THROUGH THE CLINIC. SO WE PLAN TO DO  
24 THIS WITH A SINGLE MEETING OR WITHIN A SINGLE  
25 MEETING EVERY COUPLE OF WEEKS. IN ORDER TO ALIGN

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1 SCORING OF ALL APPLICATIONS, WE PROPOSE USING AND  
2 APPLYING THE CURRENT SCORING METHOD THAT IS USED FOR  
3 OUR NONCLINICAL PROGRAMS. SO FOR DISCOVERY AND  
4 TRANSLATION, YOU MAY RECALL WE USE A SCALE OF ONE TO  
5 A HUNDRED WHERE THE MEDIAN SCORE DETERMINES THE  
6 FUNDING RECOMMENDATION. THOSE THAT HAVE A MEDIAN  
7 SCORE OF 85 OR ABOVE MEANS THAT THEY ARE RECOMMENDED  
8 FOR FUNDING. THOSE THAT ARE BELOW 85 ARE NOT  
9 RECOMMENDED FOR FUNDING.

10 SO IN ORDER TO ALIGN THESE, WE PROPOSE  
11 USING THE SAME SCORING SCHEME. IT WILL MAKE IT  
12 EASIER FOR REVIEWERS, HOPEFULLY FOR YOU WHEN WE  
13 BRING THE SCORED APPLICANTS TO YOU FOR CONSIDERATION  
14 AS WELL.

15 SO I WANT TO JUST NOW GO OVER THE BUDGET  
16 AND HOW WE PROPOSE TO DERIVE THE \$5 MILLION  
17 ALLOCATION. SO THIS TABLE SHOWS THE RESEARCH BUDGET  
18 ALLOCATION FOR CURRENTLY ACTIVE PROGRAMS. SO WE  
19 HAVE THE CLIN CURE SICKLE CELL PROGRAM WHICH HAS AN  
20 ALLOCATION OF 30 MILLION. WE HAVE PROGRESSION  
21 AWARDS AS WELL AS CONFERENCE AWARD ALLOCATIONS THAT  
22 WERE APPROVED AT OUR LAST MEETING FROM RECOVERED  
23 FUNDS. SO THAT WAS 1.84 AND 250,000. AND SO THE  
24 NEXT COLUMN UNDER COMMITMENT SHOWS HOW MUCH HAS BEEN  
25 COMMITTED TO EACH OF THESE THREE ALLOCATION AREAS,

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1 AND HOW MUCH IS REMAINING IS ON THE LAST COLUMN.

2 NOW, SEPARATELY, AS YOU KNOW, WE CONTINUE  
3 TO RECEIVE AND RECOVER FUNDS THAT ARE UNUSED. AND  
4 SO THESE ARE TERMED UNALLOCATED RECOVERED FUNDS. SO  
5 AS OF MARCH 25TH, WE HAVE 812,000 IN THAT BUCKET.

6 SO ON THE NEXT SLIDE, WHAT WE ARE  
7 PROPOSING FOR CREATING AN ALLOCATION OF FIVE MILLION  
8 IS TO ALLOCATE THE 812,042 FROM OUR CURRENT  
9 UNALLOCATED RECOVERED FUNDS AS WELL AS TO BORROW 4.2  
10 MILLION FROM THE CLIN CURE SICKLE CELL PROGRAM. ANY  
11 RECOVERED FUNDS THAT WE CONTINUE TO GET WILL FIRST  
12 BE USED TO FULLY REPLENISH THIS AMOUNT.

13 SO IN SUMMARY, HERE IS WHAT WE ARE  
14 REQUESTING IN ORDER TO MAKE THIS CONCEPT PROPOSAL  
15 AND PLAN A REALITY. WE ARE ASKING FOR AN ALLOCATION  
16 OF FIVE MILLION TO A COVID-19 FUNDING OPPORTUNITY AS  
17 DESCRIBED IN THE PREVIOUS SLIDE, TO APPROVE OPENING  
18 OF THE DISC2, TRAN1, CLIN1, CLIN2 FUNDING  
19 OPPORTUNITIES ALONG WITH THE ITEMIZED MODIFICATIONS  
20 OF THEIR RESPECTIVE PROGRAM ANNOUNCEMENTS, AND,  
21 FINALLY, APPROVE THE USE OF THE NONCLINICAL  
22 APPLICATION SCORING METHOD BY THE GWG FOR ALL  
23 APPLICATIONS RELATED TO COVID-19, INCLUDING CLIN1  
24 AND CLIN2. SO THAT IS MY PRESENTATION. DR. THOMAS.

25 CHAIRMAN THOMAS: THANK YOU, DR. SAMBRANO.

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1 BEFORE WE GET TO DISCUSSION, QUESTIONS, ET CETERA,  
2 DO I HEAR A MOTION TO APPROVE?

3 DR. STEWARD: SO MOVED.

4 DR. DULIEGE: SECOND.

5 CHAIRMAN THOMAS: THANK YOU. SO NOW WE  
6 WILL OPEN THIS UP TO DISCUSSION FOR MEMBERS OF THE  
7 BOARD.

8 MS. BONNEVILLE: LET'S ASK FOR NAMES, AND  
9 THEN WE'LL WRITE THEM DOWN ON A LIST.

10 DR. BLUMENTHAL: GEORGE BLUMENTHAL.

11 DR. STEWARD: I'D LIKE TO BE ON THE LIST.  
12 THANK YOU.

13 MS. BONNEVILLE: ANYONE ELSE?

14 MS. DURON: ISABEL DURON.

15 MR. JULESGAARD: STEVE JULESGAARD.

16 DR. DULIEGE: ANNE-MARIE.

17 MR. PANETTA: JOE PANETTA.

18 UNIDENTIFIED SPEAKER: AND WHAT IS THE  
19 LIST FOR?

20 MS. BONNEVILLE: THIS IS IF YOU HAVE  
21 QUESTIONS REGARDING THE PRESENTATION.

22 CHAIRMAN THOMAS: OR COMMENTS.

23 MS. BONNEVILLE: I THINK OS WAS THE FIRST  
24 ON THE LIST; IS THAT RIGHT?

25 CHAIRMAN THOMAS: I THINK GEORGE WAS AND

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1 THEN OS.

2 MS. BONNEVILLE: GEORGE. LET'S START WITH  
3 YOU, GEORGE.

4 DR. BLUMENTHAL: THANK YOU. QUICK  
5 QUESTION ABOUT THE PROPOSAL ITSELF. \$5 MILLION IS  
6 BEING ALLOCATED TO THE COVID-19 OPPORTUNITY. IS IT  
7 YOUR THOUGHT THAT HOW THE FIVE MILLION IS  
8 DISTRIBUTED AMONG THE DISCOVERY, TRANSLATIONAL, AND  
9 CLINICAL TRIALS SHOULD BE DETERMINED SOLELY BY WHAT  
10 COMES IN? IN OTHER WORDS, THOSE WOULD BE COMPETING  
11 AGAINST EACH OTHER IN TERMS OF AREA. OR DO YOU HAVE  
12 IN MIND A SPECIFIC AMOUNT THAT WOULD GO TO EACH OF  
13 THOSE AREAS SEPARATELY?

14 CHAIRMAN THOMAS: DR. MILLAN, WOULD YOU  
15 LIKE TO ANSWER THAT?

16 DR. MILLAN: SURE. THE IDEA IS THAT THE  
17 \$5 MILLION WOULD BE AVAILABLE FOR ALL THESE  
18 POTENTIAL GRANTS IN AGGREGATE. SO THEY WOULD BE ALL  
19 COMING IN COMPETING FOR AN AMOUNT FROM THAT FIVE  
20 MILLION.

21 DR. BLUMENTHAL: THANK YOU.

22 DR. MILLAN: YOU'RE WELCOME.

23 MS. BONNEVILLE: OS, I THINK YOU WERE  
24 NEXT.

25 DR. STEWARD: LET ME JUST START BY SAYING

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1 THAT I THINK THAT THIS IS REALLY A VERY IMPORTANT  
2 THING FOR CIRM TO DO FOR JUST HUGE NUMBERS OF  
3 REASONS, AND I SUPPORT IT WHOLEHEARTEDLY. THE  
4 CONCEPT IS GREAT, AND CIRM IS PERFECTLY POSITIONED.

5 I'D ALSO JUST LIKE TO SAY IN ADVANCE THAT  
6 THE PROPOSAL THAT'S PUT TOGETHER HERE IS JUST  
7 EXCEPTIONAL IN TERMS OF REALLY ALL THE FLEXIBILITY  
8 THAT'S IN THERE. I THINK IT IS A MAXIMALLY  
9 IMPACTFUL OPPORTUNITY GOING FORWARD. WANTED TO GET  
10 THAT OUT OF THE WAY AND SAY MY STRONGEST SUPPORT FOR  
11 THE CONCEPT. AND THEN PERHAPS OTHER HAVE SPECIFIC  
12 QUESTIONS AND COMMENTS GOING FORWARD, BUT I WANTED  
13 TO PUT THAT ON THE TABLE. THANK YOU VERY MUCH.

14 MS. DURON: AM I NEXT? ISABEL DURON HERE.  
15 SORRY. I DIDN'T KNOW IF YOU WERE EXPECTING US TO  
16 REMEMBER OUR ORDER OR WHATEVER.

17 HI, EVERYBODY. NICE TO BE HERE WITH YOU.  
18 I THINK, IN FACT, THIS IS VERY CRUCIAL, IMPORTANT,  
19 AND TIMELY.

20 MY COMMENTS AT THIS STAGE MAY BE SOMETHING  
21 FOR LATER, BUT I'M NEVER SURE, SO HERE I GO. I'M  
22 ALREADY JUMPING TO THE RFP. IF, J.T., YOU THINK I  
23 SHOULD HOLD OFF ON THAT, I WILL, BUT I DO WANT TO  
24 SHARE SOME THINGS THAT I THINK ARE CRUCIALLY  
25 IMPORTANT TO THE IMPACT FOR THE CALIFORNIA

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1 POPULATIONS. AND SO I'D LIKE TO MAKE THE COMMENTS  
2 IF NOW IS THE TIME TO DO THAT.

3 CHAIRMAN THOMAS: I THINK THAT WOULD BE  
4 FINE, ISABEL. WE ARE NOT REALLY TALKING ABOUT,  
5 OBVIOUSLY, ANY SPECIFIC PROJECTS AT THIS JUNCTURE.  
6 THIS IS STRICTLY ABOUT OPENING UP THE PROGRAM  
7 ANNOUNCEMENT TO BRING IN GRANT APPLICATIONS. I  
8 THINK YOUR COMMENT BEARS ON THE SUBJECT, SO PLEASE  
9 PROCEED.

10 MS. DURON: THAT'S GOOD BECAUSE I HAD A  
11 NUMBER OF THINGS, AND I DON'T WANT TO TAKE UP TOO  
12 MUCH TIME. I THINK THIS GOES DIRECTLY TO WHOEVER IS  
13 GOING TO APPLY. I THINK IT'S REALLY -- THIS WILL,  
14 TO ME, IMPACT WHAT GOES INTO THE RFP AND WHAT'S  
15 BEING REQUIRED OF APPLICANTS.

16 SO I THINK IT'S VERY CRUCIALLY IMPORTANT  
17 THAT, HOWEVER, WHATEVER VACCINE OR TEST OR WHATEVER  
18 COMES OUT OF THE RESEARCH NEEDS TO MAKE SURE IT  
19 APPLIES TO ALL SUBPOPULATIONS OF RESIDENTS OF  
20 CALIFORNIA IN ORDER TO DETERMINE IF THEY WORK OR IF  
21 THEY HAVE SIDE EFFECTS. AND SO I THINK IT REQUIRES  
22 THAT THE PATIENT DATA THAT THEY USE, BE THAT  
23 SPECIMEN OR OTHER DATA THAT'S COLLECTED, BE  
24 PROPORTIONAL TO SUBPOPULATIONS OF CALIFORNIANS IN  
25 ORDER THAT WE MAKE SURE WE'RE GOING TO GET THE

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1 BIGGEST BANG FOR THE BUCK BECAUSE I REALLY DO THINK  
2 WE NEED TO MAKE SURE, AND I THINK AL MENTIONED IT  
3 RIGHT AT THE VERY BEGINNING, THERE ARE  
4 SUBPOPULATIONS OF THE COMMUNITY WHO MIGHT LOSE OUT  
5 AND NOT AS A RESULT OF CIRCUMSTANCE.

6 SO I'VE NOT SEEN NONCLINICAL APPLICATION  
7 SCORING METHOD, NOR AM I TOTALLY FAMILIAR WITH SOME  
8 OF THE LEGISLATIVE CONSTRAINTS, SO THOSE MIGHT BE  
9 BUILT IN, I MAY BE SAYING SOMETHING THAT CANNOT BE  
10 APPLICABLE, BUT I REALLY DO WANT TO SEE THAT THERE  
11 IS A REQUIREMENT THAT THEY BE SURE, WHETHER IT'S IN  
12 TESTING OR DEVELOPMENT OF A VACCINE, THAT THEY'RE  
13 LOOKING AT SUBPOPULATION DATA AS WELL; AND THAT THIS  
14 ALSO EQUALLY APPLIES TO CLINICAL TRIALS, THAT THE  
15 PROPORTION OF THE POPULATION IS REFLECTED IN PEOPLE  
16 PARTICIPATING IN CLINICAL TRIALS.

17 AND I ALSO HOPE THAT THERE'S AN EFFORT FOR  
18 POPULATION STUDIES HERE, EVEN THOUGH THAT THEY  
19 COLLECT SOME DATA THAT WILL HELP US SEE IF THERE ARE  
20 TRENDS OR HOT SPOTS AMONG PEOPLES WHO ARE BEING  
21 IMPACTED BY THE DISEASE OR WHO ARE SOMEHOW STAYING  
22 OUTSIDE OF IMPACT AND NOT JUST FOR THE ELDER  
23 POPULATIONS. BECAUSE EVEN WITHIN THE ELDER  
24 POPULATION, THERE ARE PERHAPS THOSE WHO HAVE  
25 STRONGER IMMUNITIES, AND ONE MIGHT BE INTERESTED TO

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1 FIND OUT WHY. I KNOW THAT MIGHT BE A POPULATION  
2 SCIENCE KIND OF A RESEARCH; BUT I THINK IF WE HAVE  
3 THAT OPPORTUNITY TO COLLECT SOME OF THAT DATA  
4 ALONGSIDE THIS OTHER WORK WE ARE DOING, I THINK,  
5 WOULD BE A HUGE STEP FOR FUTURE RESEARCH. THANK  
6 YOU, J.T.

7 CHAIRMAN THOMAS: THANK YOU VERY MUCH,  
8 ISABEL.

9 MS. BONNEVILLE: STEVE, YOU'RE NEXT.

10 MR. JUELSGAARD: THANK YOU, MARIA.

11 ACTUALLY I WANT TO TURN TO SLIDE 5 OF THE  
12 PRESENTATION THAT DR. SAMBRANO MADE. AND THIS IS IN  
13 SOME SENSE BOTH A COMMENT AND A QUESTION.

14 SO FOR THE FIRST THREE BULLET POINTS OR  
15 SUB-BULLET POINTS THAT ARE LISTED THERE, WE'RE  
16 PROVIDING PEOPLE A SIX-MONTH PERIOD TO GET UP AND  
17 RUNNING. SO YOU'VE GOT SIX MONTHS TO GET GOING FROM  
18 THE PROJECT START DATE. AND THE PROJECT START DATE  
19 IS NOT GOING TO BE THE DAY WE APPROVE THE FUNDING.  
20 IT'S GOING TO START, AS I UNDERSTAND IT, AFTER A  
21 CONTRACT IS ENTERED INTO, WHICH I ASSUME WILL GO  
22 QUICKLY, BUT NONETHELESS ADDS ADDITIONAL TIME.

23 SO MY OBSERVATION IS THAT WE HAVE A  
24 CRITICAL NEED HERE AND NOW TO DEAL WITH THIS  
25 PARTICULAR ISSUE. AND SO THE QUESTION IS IS SIX

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1 MONTHS REALLY AN APPROPRIATE INTERVAL TIME THAT WE  
2 CAN PROVIDE PEOPLE TO BASICALLY GET UP AND RUNNING?  
3 AGAIN, THAT'S SIX MONTHS FROM THE PROJECT START  
4 DATE, NOT FROM THE DAY ANYTHING GETS APPROVED, WHICH  
5 WILL BE DOWN THE LINE ITSELF. I JUST WORRY THAT BY  
6 THE TIME SOMEBODY GETS GOING, THEY'RE GOING TO BE  
7 LOOKING IN THE REARVIEW MIRROR ESSENTIALLY AT THIS  
8 PROBLEM BECAUSE A LOT OF OTHER THINGS WILL HAVE  
9 HAPPENED IN THE MEANTIME.

10 SO THE QUESTION IS IS SIX MONTHS REALLY AN  
11 APPROPRIATE PERIOD OF TIME OR SHOULD WE IDENTIFY  
12 SOMETHING SHORTER?

13 CHAIRMAN THOMAS: DR. MILLAN, PLEASE  
14 ANSWER THAT.

15 DR. MILLAN: SO IN TERMS OF -- I JUST  
16 WANTED TO MAKE SURE THAT PEOPLE ARE REMINDED OF THE  
17 FACT THAT SUCCESSFUL APPLICANTS WOULD BE ABLE TO  
18 START INCURRING ALLOWABLE COSTS FROM THE DATE OF  
19 BOARD APPROVAL, SO THEY CAN BACK-DATE THEIR CHARGES.  
20 AND I JUST WANTED TO WORK THROUGH SOME OF THE  
21 TIMELINE ISSUES HERE.

22 AS DR. SAMBRANO, I THINK, HAS ALLUDED TO,  
23 BUT HAD SPELLED IT OUT MORE IN THE CONCEPT DOCUMENT  
24 ITSELF, THE PROPOSED TIMELINE WOULD GO SOMETHING  
25 LIKE THIS. FROM THE TIME OF APPLICATION TO THE TIME

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1 OF REVIEW WOULD BE APPROXIMATELY TWO WEEKS. AND  
2 THEN FROM THE TIME OF THE GWG RECOMMENDATION TO THE  
3 BOARD EVALUATION OF THE GWG REVIEWED PROJECT WOULD  
4 BE ANOTHER WEEK. AND THEN CONTRACTING WOULD BE  
5 EXPEDITED TO WITHIN A WEEK. SO WE ARE HOPING FOR A  
6 TIMELINE OF ABOUT FOUR WEEKS, SO APPROXIMATELY FOUR  
7 TO SIX WEEKS FROM TIME OF APPLICATION TO  
8 CONTRACTING, AND ALLOWABLE COSTS TO BE BACK-DATED TO  
9 THE TIME OF BOARD APPROVAL, WHICH DOES BUY THEM TWO  
10 WEEKS.

11 THE SIX-MONTH DELIVERABLE IS INTENDED TO  
12 NOT BE THE ULTIMATE DATE THAT THE PROJECT WOULD END,  
13 AS DR. SAMBRANO HAS LAID OUT. THE DURATION OF THE  
14 AWARD IS LONGER THAN THE INITIAL SIX MONTHS, BUT THE  
15 IDEA IS THAT THE PROPOSALS COULD BE EVALUATED IN  
16 TERMS OF THE STRENGTH, THE FEASIBILITY, AND THE  
17 RELEVANCE THAT THEY WOULD DELIVER SOMETHING  
18 SUBSTANTIAL WITHIN SIX MONTHS THAT GETS THEM ON  
19 THEIR WAY. AND THEN HE LISTED THOSE DELIVERABLES  
20 FOR THE GIVEN PROGRAMS.

21 SO FOR A CLINICAL TRIAL, WE WOULD EXPECT  
22 FOR THIS PROGRAM ANNOUNCEMENT, IF THE BOARD ACCEPTS  
23 IT AS IT IS, THAT A CLINICAL TRIAL PROGRAM WOULD BE  
24 ENROLLING AND ALREADY COLLECTING DATA, WOULD  
25 INITIATE ENROLLMENT AND START COLLECTING CLINICAL

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1 DATA WITHIN SIX MONTHS. AND THAT FOR EVEN A  
2 DISCOVERY PROGRAM THAT MAY BE USING A STEM CELL POOL  
3 TO EVALUATE A POTENTIAL THERAPEUTIC, THAT THE TYPES  
4 OF THERAPEUTIC CANDIDATES THEY WOULD APPLY THE STEM  
5 CELL POOL TO WOULD BE FEASIBLE CANDIDATES THAT, IF  
6 IDENTIFIED UNDER THIS POOL, WOULD HAVE A VERY  
7 EXPEDITED PATHWAY TO THE CLINIC. AN EXAMPLE OF THAT  
8 WOULD BE, FOR INSTANCE, REPURPOSE THERAPEUTIC  
9 PRODUCTS THAT ALREADY HAVE A SAFETY PROFILE AND  
10 CLINICAL DATA IN OTHER ARENAS THAT COULD BE BROUGHT  
11 TO THE FDA.

12 THOSE ARE JUST SOME KIND OF EXAMPLES, BUT  
13 WE DID THINK SIX MONTHS WAS FEASIBLE AND WE THOUGHT  
14 THAT IT WOULD BE RELEVANT. WE DO KNOW THAT MANY  
15 PROJECTS MAY NOT BE ABLE TO COME IN BECAUSE IT IS A  
16 HIGH BAR, BUT WE HAVE REASON TO BELIEVE THAT THERE  
17 ARE PROGRAMS THAT ARE READY TO GO AND WOULD BE ABLE  
18 TO COME IN WITHIN THOSE TIMELINES.

19 MR. JUELSGAARD: CAN I JUST MAKE A  
20 FOLLOW-UP COMMENT, THEN, REAL QUICKLY? SO WE ARE  
21 TALKING ABOUT PROVIDING PEOPLE, I THINK, PROBABLY AT  
22 BEST THE POTENTIAL FOR SEVEN AND A HALF MONTHS  
23 BEFORE THEY HAVE TO ENROLL THE FIRST PATIENT IN  
24 WHATEVER TRIAL THEY'VE GOT UNDER WAY TO ENROLL  
25 PEOPLE IN. SO WE ARE GETTING ALONG CLOSE TO THE END

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1 OF THE YEAR AT THAT POINT OR LATE FALL.

2 ONE SUGGESTION WOULD BE, AS PART OF THE  
3 EVALUATION PROCESS FOR THE GWG, IS TO GIVE SOME  
4 PREFERENCE TO PEOPLE, TO APPLICANTS, WHO ARE ABLE TO  
5 GET STARTED SOONER THAN THAT. SO IF SOMEBODY IS  
6 ABLE TO GET GOING IN THREE MONTHS AS OPPOSED TO SIX  
7 MONTHS, THEY MIGHT GET, TO USE, FOR WANT OF A BETTER  
8 TERM, EXTRA CREDIT FOR THAT AS PART OF THE SCORING  
9 PROCESS.

10 DR. MILLAN: I'M SORRY IF I WASN'T CLEAR.  
11 THE SIX MONTHS WAS THE LONGEST WE WOULD EXPECT THAT  
12 THIS WOULD BE ACHIEVED. SO THAT IS INTENDED TO  
13 MEASURE THE RAPIDITY BY WHICH A PARTICULAR PROGRAM  
14 OR THE READINESS OF THE PROGRAM. SO WE ARE SAYING  
15 THAT THE EXPECTATION IS THAT THE LONGEST IT WOULD BE  
16 WOULD BE SIX MONTHS TO ACHIEVE THIS SIGNIFICANT  
17 MILESTONE. AS YOU SAID, THAT INTENT IS THAT DR.  
18 SAMBRANO AND THE REVIEW TEAM WOULD WORK WITH THE GWG  
19 REVIEWERS TO EVALUATE THE STRENGTH OF THE  
20 APPLICATION BASED ON THE ABILITY TO GET INTO, FOR  
21 CLINICAL TRIALS, FOR INSTANCE, TO GET IT TO THE  
22 CLICK AS SOON AS POSSIBLE. AND FROM WHAT WE  
23 UNDERSTAND, THERE ARE SOME THAT MAY WISH TO COME IN  
24 AS THEY ALREADY EITHER ARE CLOSE TO INITIATING OR  
25 HAVE INITIATED AND COULD USE THE SUPPORT TO MOVE

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1 THIS FASTER OR FURTHER.

2 MR. JUELSGAARD: GREAT. PERFECT. THANK  
3 YOU.

4 MS. BONNEVILLE: ANNE-MARIE, I THINK  
5 YOU'RE NEXT.

6 DR. DULIEGE: MY QUESTION WAS SIMILAR TO  
7 THAT OF TIMELINES AND PROCESSES, AND SO IT WAS  
8 ALREADY ANSWERED BY MARIA.

9 MR. PANETTA: THANK YOU, MARIA. FIRST I  
10 JUST WANTED TO THANK THE CIRM STAFF AND COMMEND THE  
11 CIRM STAFF FOR THE PASSION AND THE DEDICATION IN  
12 THIS CRITICAL TIME TO PUTTING THIS TOGETHER AND WHAT  
13 A GREAT, WELL THOUGHT-OUT PRESENTATION. AND THANK  
14 YOU, DR. SAMBRANO, FOR PRESENTING IT SO CLEARLY TO  
15 US.

16 I'VE HAD A UNIQUE OPPORTUNITY IN THE LAST  
17 TWO WEEKS IN MY POSITION AS THE CEO OF BIOCOM IN  
18 GETTING TOGETHER ALL OF OUR MEMBERS WHO ARE WORKING  
19 IN VARIOUS AREAS OF DEVELOPING DIAGNOSTICS AND  
20 THERAPEUTICS AND OTHER TYPES OF PRODUCTS THAT CAN GO  
21 INTO TREATING COVID-19 OR DIAGNOSING COVID-19. IT'S  
22 JUST REMARKABLE THE DIVERSITY OF DIFFERENT  
23 TECHNOLOGIES THAT ARE IN EARLY STAGE TO EVEN A STAGE  
24 WHERE THEY'RE BEGINNING TO ENTER THE CLINIC OR COULD  
25 BE REPOSITIONED TO BE USED QUICKLY.

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1 MY POINT REALLY IS, AND IT KIND OF TAGS  
2 ONTO STEVE'S POINT, THAT WE NEED TO GET THIS DONE  
3 QUICKLY; AND AT THE SAME TIME, I THINK WE NEED TO BE  
4 IN TOUCH WITH REGULATORS AS THESE PROPOSALS BEGIN TO  
5 COME IN BECAUSE WE'RE SEEING INCREDIBLE FLEXIBILITY  
6 AT THE FEDERAL LEVEL IN TERMS OF THE REVIEW AND THE  
7 PROCESSING OF REPURPOSED OR NEW TECHNOLOGIES. SO I  
8 THINK TO EXPEDITE THINGS AS WE BEGIN TO SEE  
9 PROPOSALS COMING IN FOR FUNDING, WE SHOULD MAKE SURE  
10 THAT WE DO EVERYTHING WE CAN TO EXPEDITE THEIR  
11 MOVEMENT, NOT ONLY THROUGH CLINICAL TRIALS, BUT SO  
12 THAT THE REGULATORS WOULD BE READY.

13 THE FORECASTS THAT I'VE SEEN TELL US THAT  
14 THIS COULD GO ON. EVEN THOUGH IT MIGHT WANE IN THE  
15 FALL, IT COULD COME BACK AND GO ON INTO 18 MONTHS  
16 FROM NOW. WHILE WE HAVE SOME TIME, I THINK IT'S  
17 IMPORTANT TO EXPEDITE THIS AND TO MAKE SURE WE DO  
18 EVERYTHING THAT WE POSSIBLY CAN TO MOVE IT ALONG.  
19 THANK YOU.

20 MS. BONNEVILLE: I THINK THAT WAS THE LAST  
21 PERSON ON MY LIST. I DON'T KNOW IF THERE ARE ANY  
22 OTHER COMMENTS THAT BOARD MEMBERS WANTED TO MAKE.

23 CHAIRMAN THOMAS: HEARING NONE, WE'LL  
24 PROCEED TO PUBLIC COMMENT. I'LL JUST NOTE WE  
25 ORIGINALLY AGENDIZED THIS FOR BETWEEN ONE TO TWO.

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1 WE'VE GONE A LITTLE OVER THAT DUE TO THE EFFORTS TO  
2 SET UP THE CALL HERE. AND SO I WOULD URGE ANYBODY  
3 TO TRY TO KEEP ANY SUBSEQUENT COMMENTS SUCCINCT. SO  
4 I OPEN IT NOW UP FOR PUBLIC COMMENTS.

5 AT&T STAFF: AGAIN, LADIES AND GENTLEMEN,  
6 PLEASE PRESS ONE, THEN ZERO IF YOU'D LIKE TO QUEUE  
7 UP FOR COMMENT. PLEASE PRESS ONE, THEN ZERO. FIRST  
8 WE TURN TO LINE OF EDUARDO MARBAN. PLEASE GO AHEAD.

9 DR. MARBAN: THANK YOU FOR ENTERTAINING  
10 THIS MEASURE IN TERMS OF EMERGENCY FUNDING FOR  
11 COVID. I WOULD URGE ICOC TO CONSIDER ISSUES IN THIS  
12 PROPOSAL. THE FIRST IS THAT CLINICAL TRIALS WITH  
13 IMMEDIATE DELIVERABLES WILL MOST LIKELY HAVE THE  
14 MOST SIGNIFICANT IMPACTS ON PUBLIC HEALTH IN THIS  
15 CRISIS AND THAT THEY SHOULD BE PRIORITIZED. I URGE  
16 THE ICOC TO CONSIDER THAT.

17 SECOND, I THINK IT SHOULD BE CLEAR, AND  
18 IT'S PERHAPS THE LANGUAGE AS PRESENTED THAT ONGOING  
19 CLINICAL TRIALS OR THOSE THAT HAVE ALREADY PASSED  
20 REGULATORY WILL BE ELIGIBLE FOR FUNDING.

21 AND FINALLY AND MOST IMPORTANTLY, I FIND  
22 MYSELF AS A PHYSICIAN SCIENTIST (PHONE TRANSMISSION  
23 BREAKING UP). SOME OF MY DAYS ARE SPENT AT 12 HOURS  
24 DEALING WITH THE COVID CRISIS. WE'RE GOING TO  
25 PREPARE OR ANYBODY WHO IS LIKELY IS GOING TO PREPARE

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1 A PROPOSAL THAT THE PAPERWORK ASSOCIATED WITH THE  
2 PROPOSAL BE MINIMIZED, ESPECIALLY IN CASES OF  
3 CLINICAL TRIALS THAT HAVE ALREADY GAINED APPROVAL  
4 FROM FDA AND IRB FOR COMPASSIONATE USE OR EXTENDED  
5 USE OR SOME SUCH. THAT CONCLUDES MY COMMENTS.

6 AT&T STAFF: AGAIN, IF YOU'D LIKE TO QUEUE  
7 UP FOR A COMMENT, WE INVITE YOU TO PRESS ONE, THEN  
8 ZERO. SPEAKERS, WE HAVE NO FURTHER COMMENTS IN  
9 QUEUE AT THIS TIME.

10 MS. BONNEVILLE: THANK YOU. J.T.

11 CHAIRMAN THOMAS: SORRY. I WAS ON MUTE.  
12 HAVING NO PUBLIC COMMENT, FURTHER COMMENT, MARIA,  
13 WILL YOU PLEASE CALL THE ROLL.

14 MS. BONNEVILLE: GEORGE BLUMENTHAL.

15 DR. BLUMENTHAL: YES.

16 MS. DURON: EXCUSE ME. WHAT IS THE ROLL  
17 FOR?

18 CHAIRMAN THOMAS: FOR THE MOTION TO  
19 APPROVE THIS ACTION ITEM.

20 MS. BONNEVILLE: KEN BURTIS.

21 DR. BURTIS: YES.

22 MS. BONNEVILLE: DEBORAH DEAS.

23 DR. DEAS: YES.

24 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

25 DR. DULIEGE: YES.

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1 MS. BONNEVILLE: ISABEL DURON.  
2 MS. DURON: YES.  
3 MS. BONNEVILLE: JUDY GASSON.  
4 DR. GASSON: YES.  
5 MS. BONNEVILLE: DAVID HIGGINS.  
6 DR. HIGGINS: YES.  
7 MS. BONNEVILLE: STEPHEN JUELSGAARD.  
8 MR. JUELSGAARD: YES.  
9 MS. BONNEVILLE: LINDA MALKAS.  
10 DR. MALKAS: YES.  
11 MS. BONNEVILLE: DAVE MARTIN.  
12 DR. MARTIN: YES.  
13 MS. BONNEVILLE: ADRIANA PADILLA.  
14 DR. PADILLA: YES.  
15 MS. BONNEVILLE: JOE PANETTA.  
16 MR. PANETTA: YES.  
17 MS. BONNEVILLE: FRANCISCO PRIETO.  
18 DR. PRIETO: AYE.  
19 MS. BONNEVILLE: ROBERT QUINT.  
20 DR. QUINT: YES.  
21 MS. BONNEVILLE: AL ROWLETT.  
22 MR. ROWLETT: YES.  
23 MS. BONNEVILLE: SUZANNE SANDMEYER.  
24 DR. SANDMEYER: YES.  
25 MS. BONNEVILLE: JEFF SHEEHY.

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1 MR. SHEEHY: YES.  
2 MS. BONNEVILLE: OSWALD STEWARD.  
3 DR. STEWARD: YES.  
4 MS. BONNEVILLE: JONATHAN THOMAS.  
5 CHAIRMAN THOMAS: YES.  
6 MS. BONNEVILLE: KRISTINA VUORI.  
7 DR. VUORI: YES.  
8 MS. BONNEVILLE: DIANE WINOKUR.  
9 MS. WINOKUR: YES.  
10 MS. BONNEVILLE: KEITH YAMAMOTO.  
11 DR. YAMAMOTO: YES.  
12 MS. BONNEVILLE: DOUG ZIEDONIS.  
13 DR. ZIEDONIS: YES.  
14 MS. BONNEVILLE: THANK YOU. MOTION  
15 CARRIES.  
16 CHAIRMAN THOMAS: THANK YOU, MARIA. AND  
17 THANK YOU, EVERYBODY, FOR COMING TOGETHER TO APPROVE  
18 THAT. I THINK THIS IS AN EXTRAORDINARY STEP BY US  
19 AT A CRITICAL TIME. AND I THINK THAT CLEARLY WE  
20 HAVE AN OBLIGATION TO DO OUR PART AS PART OF THE  
21 MASSIVE WORLDWIDE EFFORT. AND THIS IS A TREMENDOUS  
22 STEP FORWARD. AND, AGAIN, MASSIVE THANKS TO THE  
23 TEAM FOR ALL THE GREAT WORK THAT YOU'VE DONE.  
24 WE'RE GOING TO GO ON TO THE ITEM WHICH IS  
25 CONSIDERATION OF REAPPOINTING OR APPOINTING MEMBERS

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1 OF THE GWG. THIS IS OBVIOUSLY A VERY SHORT ITEM.  
2 DR. SAMBRANO, PLEASE, WILL YOU COMMENT ON THIS ONE?  
3 DR. SAMBRANO: SURE. IT WILL BE BRIEF.  
4 SO AS YOU KNOW, IN ORDER TO PUT THIS PROGRAM  
5 TOGETHER, WE ARE DOING RECRUITMENT OF FOLKS THAT  
6 HAVE EXPERTISE IN COVID-19 OR RELATED AREAS. AND SO  
7 TO BEGIN THAT, WE HAVE ONE NOMINEE FOR GRANTS  
8 WORKING GROUP, WHICH IS DR. SAMUEL BROWN. HE IS A  
9 PHYSICIAN SCIENTIST WHO IS BOARD CERTIFIED IN  
10 PULMONARY AND CRITICAL CARE MEDICINE, HAS INTEREST  
11 IN LIFE-THREATENING INFECTION SUCH AS SEPSIS, ACUTE  
12 LUNG INJURY, FUNCTION OF THE HEART AND BLOOD VESSELS  
13 DURING LIFE-THREATENING ILLNESSES. SO THIS IS THE  
14 FIRST OF OTHERS THAT WE WANT TO BRING TO THE BOARD  
15 FOR CONSIDERATION. THANK YOU.

16 CHAIRMAN THOMAS: DO I HAVE A MOTION TO  
17 APPROVE?

18 DR. STEWARD: SO MOVED.

19 DR. PRIETO: SECOND.

20 CHAIRMAN THOMAS: THANK YOU. IS THERE  
21 DISCUSSION BY MEMBERS OF THE BOARD?

22 DR. DURON: JUST WANTED TO KNOW WHAT ARE  
23 THE QUALIFICATIONS FOR NOMINATION?

24 CHAIRMAN THOMAS: DR. SAMBRANO.

25 DR. SAMBRANO: SO GENERALLY WE LOOK FOR

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1 EXPERTISE. THEY HAVE TO BE A SCIENTIST IN SOME  
2 FORMAT, AND THEY HAVE TO HAVE EXPERTISE IN THE  
3 PARTICULAR AREA OR FIELD THAT WE ARE LOOKING FOR.  
4 SO IN THIS CASE WE ARE LOOKING FOR FOLKS THAT HAVE  
5 EXPERTISE IN PULMONARY DISEASE, ACUTE LUNG INJURY,  
6 AND VIROLOGY, IMMUNOLOGY, THOSE AREAS THAT ARE MOST  
7 RELEVANT TO COVID-19.

8 DR. DURON: CAN WE SEND YOU SOME  
9 RECOMMENDATIONS?

10 DR. SAMBRANO: ABSOLUTELY.

11 DR. DURON: THANK YOU.

12 CHAIRMAN THOMAS: JUST TO BE CLEAR AND  
13 REITERATE, THE GWG IS CURRENTLY CONTEMPLATED TO BE  
14 MEETING ON APRIL 20TH. SO THERE IS TIME TO COMPILE  
15 A GOOD LIST AND GET PEOPLE THAT WE WANT TO MAKE SURE  
16 ARE ON THAT PANEL.

17 ANY OTHER BOARD MEMBER COMMENTS ON THIS  
18 ITEM?

19 DR. MARTIN: I WONDER WHETHER THE  
20 EFFICIENCY OF THIS COULD BE ENHANCED BY THE ICOC  
21 APPOINTING A SUBCOMMITTEE TO ACCEPT -- TO PROMOTE  
22 AND ACCEPT NOMINATIONS; THAT IS, TO REQUEST  
23 NOMINATIONS AND EVALUATE AND DECIDE ON THE NOMINEES?

24 CHAIRMAN THOMAS: DAVE, I DON'T THINK  
25 THAT'S NECESSARY. IT'S A GOOD SUGGESTION, BUT I

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1 THINK THAT WHAT WE SHOULD DO IS HAVE EVERYTHING  
2 FUNNEL THROUGH DR. SAMBRANO, WHO'S BEEN DOING THIS  
3 FOR PRETTY MUCH SINCE INCEPTION AT CIRM. SO WE HAVE  
4 THIS DRILL VERY WELL DOWN. AND IF ANYBODY HAS  
5 THOUGHTS ON WHO MIGHT BE GOOD TO SERVE ON THE GWG IN  
6 THIS MATTER, I WOULD RECOMMEND THEY PLEASE SEND  
7 THOSE NAMES TO DR. SAMBRANO DIRECTLY.

8 DR. MARTIN: VERY GOOD. AGAIN, I WAS JUST  
9 WONDERING IN THE CONTEXT OF OUR JUST HAVING REVIEWED  
10 AND APPROVED THIS ONE INDIVIDUAL WHETHER THAT WAS  
11 GOING TO BE A CONTINUING PROCESS. I'M DELIGHTED WE  
12 LEAVE IT TO GIL.

13 CHAIRMAN THOMAS: WE ARE IN GOOD SHAPE.

14 MS. BONNEVILLE: AS A QUICK CLARIFICATION,  
15 THE GRANTS WORKING GROUP MEETING IS SCHEDULED FOR  
16 THE WEEK OF APRIL 20TH, NOT ON APRIL 20TH.

17 CHAIRMAN THOMAS: THANK YOU, MARIA. THANK  
18 YOU.

19 ANY OTHER BOARD MEMBER COMMENTS ON THIS  
20 ITEM? ANY COMMENTS FROM MEMBERS OF THE PUBLIC?  
21 EVEN THOUGH THIS IS NORMALLY A VOICE VOTE, GIVEN THE  
22 CURRENT SITUATION, WE DO HAVE TO DO ROLL CALL ON  
23 THIS. MARIA, WILL YOU PLEASE CALL THE ROLL.

24 MS. BONNEVILLE: GEORGE BLUMENTHAL.

25 DR. BLUMENTHAL: YES.

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1 MS. BONNEVILLE: KEN BURTIS.  
2 DR. BURTIS: YES.  
3 MS. BONNEVILLE: DEBORAH DEAS.  
4 DR. DEAS: YES.  
5 MS. BONNEVILLE: ANNE-MARIE DULIEGE.  
6 DR. DULIEGE: YES.  
7 MS. BONNEVILLE: ISABEL DURON.  
8 MS. DURON: YES.  
9 MS. BONNEVILLE: JUDY GASSON.  
10 DR. GASSON: YES.  
11 MS. BONNEVILLE: DAVID HIGGINS.  
12 DR. HIGGINS: YES.  
13 MS. BONNEVILLE: STEPHEN JUELSGAARD.  
14 MR. JUELSGAARD: YES.  
15 MS. BONNEVILLE: LINDA MALKAS.  
16 DR. MALKAS: YES.  
17 MS. BONNEVILLE: DAVE MARTIN.  
18 DR. MARTIN: YES.  
19 MS. BONNEVILLE: ADRIANA PADILLA. JOE  
20 PANETTA.  
21 MR. PANETTA: YES.  
22 MS. BONNEVILLE: FRANCISCO PRIETO.  
23 DR. PRIETO: AYE.  
24 MS. BONNEVILLE: ROBERT QUINT.  
25 DR. QUINT: YES.

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2 MR. ROWLETT: YES.  
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4 DR. SANDMEYER: YES.  
5 MS. BONNEVILLE: JEFF SHEEHY.  
6 MR. SHEEHY: YES.  
7 MS. BONNEVILLE: OSWALD STEWARD.  
8 DR. STEWARD: YES.  
9 MS. BONNEVILLE: JONATHAN THOMAS.  
10 CHAIRMAN THOMAS: YES.  
11 MS. BONNEVILLE: ART TORRES. KRISTINA  
12 VUORI.  
13 DR. VUORI: YES.  
14 MS. BONNEVILLE: DIANE WINOKUR.  
15 MS. WINOKUR: YES.  
16 MS. BONNEVILLE: KEITH YAMAMOTO.  
17 DR. YAMAMOTO: YES.  
18 MS. BONNEVILLE: DOUG ZIEDONIS.  
19 DR. ZIEDONIS: YES.  
20 MS. BONNEVILLE: MOTION CARRIES.  
21 CHAIRMAN THOMAS: THANK YOU, MARIA. THAT  
22 CONCLUDES THE AGENDA FOR ACTION ITEMS. THE LAST  
23 ITEM IS PUBLIC COMMENT ON ANY TOPIC OF INTEREST. DO  
24 WE HAVE ANY MEMBERS OF THE PUBLIC WHO'D LIKE TO  
25 COMMENT ON ANYTHING AT THIS POINT?

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1 DR. STEWARD: BEFORE WE GO TO PUBLIC  
2 COMMENT, I JUST WANTED TO TAKE THIS OPPORTUNITY TO  
3 THANK CIRM STAFF AND THE LEADERSHIP TEAM AND  
4 EVERYONE FOR JUST RISING TO THE OCCASION IN A  
5 FANTASTICALLY WONDERFUL WAY. I THINK IT'S GOING TO  
6 BE A HUGELY IMPORTANT THING GOING FORWARD, A CROWN  
7 IN THE JEWEL OF CIRM. AND JUST WANTED TO AGAIN  
8 EMPHASIZE HOW MUCH WORK I KNOW WENT INTO THIS.  
9 THANKS ALL OF YOU.

10 CHAIRMAN THOMAS: THANK YOU, OS. BACK TO  
11 PUBLIC COMMENTS.

12 DR. HABER: I HAVE BEEN INVOLVED IN  
13 MULTIPLE CIRM APPLICATIONS, SPECIFICALLY CLIN2. AND  
14 I WAS HOPING THAT THE ICOC WOULD PRIORITIZE THOSE  
15 TRIALS OF CELL THERAPY IN ORDER TO MAKE THE  
16 PAPERWORK SIMPLIFIED FOR THOSE WHO HAVE ONGOING  
17 TRIALS FOR COVID-19. AND THAT WAS THE EXTENT OF MY  
18 COMMENTS.

19 CHAIRMAN THOMAS: THANK YOU, DR. HABER.  
20 ADDITIONAL PUBLIC COMMENT?

21 AT&T STAFF: FOR ADDITIONAL PUBLIC  
22 COMMENT, WE INVITE YOU TO PRESS ONE, THEN ZERO ON  
23 YOUR TELEPHONE KEYPAD. PLEASE PRESS ONE, THEN ZERO  
24 IF YOU'D LIKE TO SHARE A COMMENT. SPEAKERS, WE HAVE  
25 NO ONE IN QUEUE AT THIS TIME.

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1                   CHAIRMAN THOMAS: THANK YOU VERY MUCH.  
2                   THAT CONCLUDES THE AGENDA. I WOULD LIKE TO CLOSE  
3                   ECHOING WHAT OS SAID. GREAT JOB BY THE ENTIRE CIRM  
4                   FAMILY ON A MOST IMPORTANT AND URGENT MATTER.

5                   AND, LASTLY, OUR FRIEND DAVID JENSEN HAS  
6                   HIMSELF BEEN BATTLING THIS VIRUS. AND, DAVID, IF  
7                   YOU'RE LISTENING, WE ALL WISH YOU A VERY SPEEDY  
8                   RECOVERY AND HOPE YOU'RE BACK AS GOOD AS NEW AS FAST  
9                   AS HUMANLY POSSIBLE.

10                  SO WITH THAT, THAT BRINGS THE MEETING TO A  
11                  CLOSE. THANK YOU, EVERYBODY. WE STAND ADJOURNED.

12                                 (THE MEETING WAS THEN ADJOURNED AT  
13                  2:20 P.M.)

14  
15  
16  
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25

**REPORTER'S CERTIFICATE**

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON MARCH 27TH, 2020, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CSR 7152  
133 HENNA COURT  
SANDPOINT, IDAHO  
(208) 255-5453

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